

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
**IN THE UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

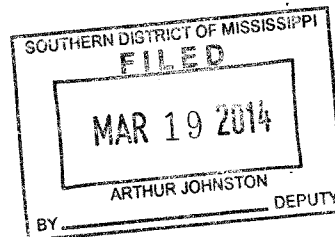
COMPLAINT

USE Sr. 110652
 (Last Name) (Identification Number)

Calvin Phillip
 (First Name) (Middle Name)

East Miss. Correctional Facility
 (Institution)

10641 Hwy. 80 West; Meridian, Miss.
 (Address) 39307
 (Enter above the full name of the plaintiff, prisoner, and address
 plaintiff in this action)



Dr. Carl Reddix, C.E.O. of
Health Assurance, LLC.

CIVIL ACTION NUMBER: 3:14-cv-00228-RHW

(to be completed by the Court)

Dr. Carl Faulks, Facility Physician

Dr. Deric Edwards, Facility Physician

Dr. Bimbrant, Facility Dentist

Dr. Gloria Perry, M.D.O.C. Chief Medical Officer

Nurse Ollie Little, Dept. Head Nurse

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ☒ No ()
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: M.T.C.; E.M.C.F. Warden Jerry Busher;
E.M.C.F. Law Librarian Tina Roberts, And
M.D.O.C. Law Librarian Supervisor Gia McLeod
 - Court (if federal court, name the district; if state court, name the county): Lauderdale
 - Docket Number: 14-CV-0206W
 - Name of judge to whom case was assigned: Lester F. Williamson Jr.
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Still pending

Question Continued

- <I> Nurse Atwood; Nurse Shephard; Nurse Sharp; Dr. Abanga,
 - <II> Southern District, Eastern Division,
 - <III> 4:cv.164-FKB-FKB,
 - <IV> F. Keith Ball,
 - <V> Still Pending.
-

- <I> G.E.O. & Warden Reagans, and Major Mize,
- <II> Lauderdale County,
- <III> 11:cv.045<W>,
- <IV> Lester F. Williamson Jr.,
- <V> Dismissed, Failed to provide Summons or serve process.

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Calvin P. Use' Sr. Prisoner Number: 110652
 Address: EAST Mississippi Correctional Facility
10641 Highway 80 West
Meridian, Miss. 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Health Assurance, Dr. Carl Reddix C.E.O. is employed as
Contracted Medical ^{Server} [REDACTED] for M.D.O.C. at East Mississippi
Correctional Facility

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Calvin P. Use' Sr. 110652 ADDRESS: East Miss. Correctional Facility
10641 Highway 80 W; Meridian, Miss.
39307

DEFENDANT(S):

NAME: <u>Dr. Carl Reddix C.E.O. for</u>	ADDRESS: <u>[REDACTED] 5903 Ridgewood Rd. Suite # 320</u>
<u>Health Assurance, LLC</u>	<u>Jackson, Miss. 39211</u>
<u>Dr. Carl Faulks,</u>	<u>450 East Pass Road Suite # 3</u>
<u>Facility M.D.</u>	<u>Gulfport, Miss. 39507</u>
<u>Dr. Deric Edwards</u>	<u>E.M.C.F.; 10641 Highway 80 West</u>
<u>Facility Physician</u>	<u>Meridian, Miss. 39307</u>
<u>Dr. Rimbrant</u>	<u>E.M.C.F.; 10641 Highway 80 West</u>
<u>Facility Dentist</u>	<u>Meridian, Miss. 39307</u>
<u>Dr. Gloria Perry; M.D.O.C.</u>	<u>M.D.O.C.; 723 North President Street</u>
<u>Chief Medical Officer</u>	<u>Jackson, Miss. 39209</u>
<u>Nurse Ollie Little</u>	<u>E.M.C.F.; 10641 Highway 80 West</u>
<u>Dept. Head Nurse</u>	<u>Meridian, Miss. 39307</u>

Each defendant is sued individually and in His/Her official
Capacity. At all times mentioned in this complaint each
defendant acted under the color of State Law.

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ☒ No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ☒

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ☒ No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ☒ No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes ☒ No (), if so, state the results of the procedure: Unsatisfied; Do to no

Relief sence 2010 on this issue.

N/A
F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): _____

3. State the date your claims were presented: _____

4. State the result of the procedure: _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.) "Point One <I> Facts"

P.I> Since Petitioner's original two <II> A.R.P.'s contain all the facts in this case he request that you review both A.R.P.'s and other enclosed documents.

P.II> As to Dr. Deric Edwards' response that states; "This issue appears to have been addressed appropriately in the first step Response. No further action indicated at this time."

P.III> Petitioner, doesnot understand how this issue has been appropriate addressed since petitioner has been

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Wherefore, Petitioner respectfully prays that this Honorable Court enter judgment granting petitioner:

P.I> A declaration that the acts and omissions described herein violated petitioner's rights under the Constitution and laws of the United States.

Signed this 11 day of March, 2014

Calvin PUSE SR.

10641 Hwy 80 West, Meridian
Signature of plaintiff, prisoner number and address of plaintiff Miss.

I declare under penalty of perjury that the foregoing is true and correct.

3-11-14
(Date)

Calvin P-use Sr.
Signature of plaintiff

"Statement of Claim Continued"

Complaining about not having a top Denture plate since 2010 and it is now March 2014 and still does not have a top denture plate.

"Point Two <II> Facts"

P. I. > Petitioner is suing Dr. Carl Reddix, the C.E.O. for Health Assurance LLC. in Care of Health Assurance for "Breach of third party contract in refusing to provide or send petitioner [redacted] where he can be provided with a top denture plate. By this refusal they violated ^{the} Eighth <VIII> Amendment of the U. S. Constitution.

P. II. > Petitioner is Suing Dr. Carl Faulks, the facility Physician from July 2012 when Health Assurance took over the medical Department here at East Miss. Correctional Facility until September 2013 in which time he was made aware of petitioner's need of a denture plate for the top of his mouth. Therefore by him not making proper arrangements for petitioner to receive a top denture plate and by not ordering a soft food diet until petitioner received a top denture plate he violated the Eighth amendment of the U. S. Constitution.

P. III. > Petitioner is suing Dr. Deric Edwards, the facility Physician since October 2013 to the present and has

"Statement of Claim Continued"

not made any arrangements for petitioner to be fitted for or taken to a place where he can be fitted for and given a top denture plate. Therefore, by his actions and response to the second step of petitioners A.R.P. Complaint he has violated the eighth amendment of the U.S. Constitution.

P.IV. > Petitioner is suing Dr. Rimbrant, the facility Dentist, Who, has refused petitioners request for a top denture plate or to send petitioner someplace where he may receive said denture plate. Dr. Rimbrant refuses to provide petitioner with his first Name as well. Therefore ^{He} request ^{the} this Honorable Court to order Health Assurance to provide this information to the courts. Also by Dr. Rimbrants refusal to provide petitioner with or make arrangements for a top denture plate he has violated the eighth Amendment of the U.S. Constitution.

P.V. > Petitioner is suing Dr. Gloria Perry, the Chief Medical officer for the Mississippi Department of Corrections; since petitioner sent her a copy of all documents that are being enclosed with this Complaint, and, seeing, as how, she chose not to respond and/or make arrangements accordingly to this issue she has violated the eighth Amendment of the U.S. Constitution.

"Statement Of Claim Continued"

P.VI> Petitioner is suing Nurse Ollie Little, the department head nurse, since he holds a position and took it upon himself to respond on the first step of petitioners A.R.P. complaint. He should have been able to make arrangements for petitioner to be fitted for and given a top denture plate and/or ordered a soft diet for petitioner until he received a top denture plate. Therefore, since he knew about this matter since 2012 and has done nothing to resolve this issue he has violated the ~~fourth~~ eighth Amendment of the U. S. Constitution.

"Requested Relief Continued"

P.II> A preliminary and permanent injunction ordering all named defendants to make arrangements for petitioner to be fitted for and receive a top denture plate and a bite plate to wear while sleeping.

P.III> Compensatory damages in the amount of \$25,000.00 against each defendant, jointly and severally.

P.IV> Punitive damages in the amount of \$25,000.00 against each defendant.

P.V> A jury trial on all issues triable by jury.

P.VI> Petitioner's cost in this suit.

"ReQuested Relief Continued"

P. VII. > Any additional relief this Honorable Court deems just, proper, and equitable.

The petitioner has no plain, adequate or complete remedy at law to redress the wrongs described herein. Petitioner has been and will continue to be irreparably injured by the conduct of the defendants unless this Court grants the declaratory and injunctive relief which petitioner seeks.

Exhibit A (All Pages Within)

In The Mississippi Department of Corrections

Administrative Remedy Program

RECEIVED
NOV 2013
EMOS
11/1/13

Calvin P. Use' Sr. #110652

Petitioner

vs. A.B.P. # E.M.C.F-14-300

Health Assurance, Dr. Carl Reddix - C.E.O

Dr. Carl Faulks, Facility Physician

Nurse Little, Medical Dept. Head

Dr. Rimbrant, Dentist

Dr. Gloria Perry, M.D.O.C. Chief Medical Officer

Respondents

" This is a Request for Administrative Remedy "

Comes now, Petitioner, Calvin P. Use' Sr. #110652, with this
his request Administrative Remedy, Concerning a top
denture plate.

Petitioner will here and now state the facts as to
the best of his knowledge.

" Point One <#> Facts "

P.I. > Petitioner had been told that he was on a
waiting list from 2010 thru June 2012.

P.II. > July 2012 Mtc. <ie Health Assurance> took over.

P.III. > July 22nd 2012, Petitioner went to see the Dentist

about a tooth ache, all he did was clean petitioners' bottom teeth.

P.IV. > While petitioner was having his bottom teeth cleaned he asked the dentist, when would they start calling inmates for denture fittings; He <The Dentist> answered that they would start in August 2012.

P.V. > November 10 2012, Petitioner, went back to see the dentist with another tooth ache.

P.VI. > Petitioner had wrote on his sickcall request that he needed a top denture plate.

P.VII. > While at the November 10th 2012 dental visit petitioner asked by word of mouth about a top denture plate again.

P.VIII. > That dentist told petitioner that Health Assurance does not provide dentures of any kind. Petitioner asked 3 to 6 times and kept getting the same answer.

"Point Two <II> Facts"

P.I. > November 11th 2012, Petitioner filed A.R.P. # E.M. C.F. 13.784;

P.II. > Petitioner ^{Recieved} a response back dated January 3rd 2013 informing him that said A.R.P. was accepted, But

that he had other A.R.P.'s pending. <Exhibit D, I>

P.III> Either the last week of January 2013, or sometime during February 2013, or there about petitioner dropped said pending A.R.P.

P.IV> May 30th 2013, Petitioner wrote Mrs Graham concerning the dentures A.R.P., and was told to please process. <Exhibit D, III>

P.V> June 12th 2013, Petitioner recieved a notice stating that his dentures A.R.P. was with staff. <Exhibit D, II>

"Point Three Facts" <III> "

P.I> June 24th 2013, Petitioner, recieved his first step responce, stating, "that denturs are ordered by the dentist only based on medical Necessity and that an appointment would be scheduled." <per Nurse Little> <Exhibit B>

P.II> July 5th 2013, Petitioner, recieved his second step responce, stating, "Dentures are provided according to M.D.O.C. policy. Dentist will discuss with you on your next visitation date. <Dr. C. Faulks> <Exhibit C, I>

P.III> Between the 17th and 18th of August 2013, Petitioner went to see the dentist <Dr. Rimbrant> and he told

petitioner that he did not know anything about ME and dentures, Plus, that Health Assurance does not issue dentures.

P.IV> September 4th 2013, Petitioner mailed an inmate request form to nurse Little and Dr. Gloria Perry trying to resolve this issue. No response yet. <Exhibits E, F and H>

"Point Four <IV> Facts"

P.I> Petitioner will now refer you to M.D.O.C. policies, and the U.S. and Miss. Constitutions.

P.II> Policy # 25-05-A, Responsibility of Health Authority, subtitle, Policy, Lines, 1-76.

P.III> Policy # 22-05-01, Medical Classification, subtitle, Modifications <Medical Classification> Lines, 111 and 112.

P.IV> Policy # 23-02-01, Dietary Allowances, Menu Planning, and Therapeutic Diets; Definitions, Lines, 17 and 18, and Procedures, Lines, 90-97

P.V> Policy # 25-06-E, Dental Services; Dental Prostheses, Lines, 90-95.

P.VI> Under the Bill of Rights and Amendments to the U.S. Constitution, Amendment Eight <VIII> "nor cruel and unusual

punishment be inflicted.

P.VII> Under the 1890 Constitution of Mississippi; Article Three <III> Section <XXVIII>, "Cruel or Unusual punishment shall not be inflicted.

"Conclusion"

P.I> In conclusion the top of petitioners' mouth hurts from bruising, Plus at times his mouth bleeds, He also has problems with his stomach and bowels from not being able to chew his food properly, His bottom teeth are constantly hitting his top gums and the roof of his mouth.

P.II> Furthermore he states that this is a Constitutional violation, in both State and Federal, as well as being against M.D.O.B. policies.

"Requested Relief"

P.I> That petitioner be fitted with a top denture plate, if the dentist here at E.M.C.F. can't do it for some reason then he request that he be taken to a specialist that can do it.

P. # That petitioner be put on a soft food diet
untill he's been fitted with a top denture plate.

Respectfully Submitted By;

Calvin P. Use Sr. #110652

E-M-C-F-4-B-205

Petitioners' Signiture, Calvin P. Use Sr. #110652

Date Mailed, November 17 2013

one and one copy made

INMATE RECEIPT

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

ARP #

1000 - 1000 - 1000

Date:

10/10/14

Received By:

1000

Witness:

1000

Form ARP-1 — Offender's relief form

Form ARP-2 — 1st step response

☒ Form ARP-3 — 2nd step response

5-Day extension

Step 2 denial

Rejected

Other

1st page of this receipt is to be returned to the Legal Claims
Adjudicator to become part of inmate's ARP file

YELLOW COPY - INMATE

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

ARP # E1/Cr - A - 3/20

Date: 2/10/14

Received By: [Signature]

Witness: [Signature]

☐ Form ARP-1 — Offender's relief form

☒ Form ARP-2 — 1st step response

☐ Form ARP-3 — 2nd step response

☐ 5-Day extension

☐ Step 2 denial

☐ Rejected

☐ Other

1st page of this receipt is to be returned to the Legal Claims
Adjudicator to become part of inmate's ARP file

YELLOW COPY - INMATE



MISSISSIPPI DEPARTMENT OF CORRECTIONS

ARP SCREENING FORM

NAME: Calvin LSE MDOC NO. 110652 UNIT: EMCF
DATE WRITTEN: 11/18/13 DATE OF INCIDENT: _____
CODE: 101 ACCEPTED: t REJECTED: _____

05-14

FIRST STEP RESPONDENT: _____

SUMMARY OF COMPLAINT: SINCE EMCF CANNOT MAKE DENTURE
REPAIR HE BE SENT SOMEWHERE THEY DO
MAKE THEM.

REMARKS: _____

In The Mississippi Department of Corrections
Administrative Remedy Program

Calvin P. Use^r Sr. #110652

Petitioner

A.R.P. # E.M.C.F.14.300

"Petitioner's Response to His First Step Response"

"Point One <I> Facts"

P.I> First, Petitioner, would like to point out that M.D.C. policy # 20-08-01, Grievance Procedures, Subtitle, Medical, Lines, 245-249 states as follows;

Medical Complaints will be handled at the first
Step by a licensed primary care physician
and at the second step by the site medical
director who is a licensed and Supervisory doctor.

P.I> It does not say in ~~two~~ way that a nurse or anyone else other than a medical doctor is to respond to the first and second steps of an inmates complaint; when made formal.

"Point Two <#> Facts"

P.I> As to nurse Little's first sentence; which states as follows;
Dentures, per policy, can only be ordered by the facility dentist based on medical need.

P. II > Policy # 25-06-E, Dental Services, Subtitle, Dental Prostheses, lines, 89-95, States as follows;

Dental Prostheses will be provided only as medically necessary. The Regional Dental Director will assist in determining that medical necessity. ~~Permanent~~ Permanent dentures will be provided to the inmate within ninety <90> days of the initial date of the denture mold.

P. III > Petitioner would like to stress on what line 92 clearly states in the form of "The Regional Dental Director will assist in determining that medical necessity", not the facility dentist as nurse Little states in his response to petitioner complaint.

Point Three <III> Facts

P. I > Nurse Little's statement, that states as follows;

I scheduled the appointment for you on 8-17-13 and you were scheduled 1-4-14, but due to lockdown were not seen.

P. II > Please refuse to Petitioner's original complaint under Point Three <III> Facts, Paragraph Three <III> where he states that Dr. Rimbrant told him once again that he was not giving him a top denture plate. Furthermore that visit was not scheduled by nurse Little, but initiated by petitioner filing a medical request form requesting a top denture plate,

in which Dr. Rimbrant tore up after telling him that he would not give him a top denture plate.

P.III> As to where nurse Little states concerning a scheduled dental appointment for Jan. 4th 2014, but due to a lockdown petitioner was unable to be seen. Petitioner was never informed of any such appointment. Prisoners are not supposed to be denied medical care for any reason.

"Point Four <IV> Facts"

P.I> Now where nurse Little states, as follows;

You were seen again by dental Jan. 19th 2014.

P.II> A woman dentist came to 4-B and looked in petitioner's mouth about cleaning his bottom teeth and when petitioner said anything about a top denture plate she stated that he would have to take that up with Dr. Rimbrant. Which was another violation of petitioner's rights.

"Point Five <V> Facts"

P.I> Furthermore, Petitioner was given this same response in A.R.P.# E.M.C.F. 13-784 and that A.R.P. had been filed on Nov. 10th 2012 and petitioner still does not have a top denture plate or has he seen a doctor or dentist or anyone else

Concerning this issue. Also on September First 2013, petitioner sent an inmate request form to Mrs. Gloria Perry Chief Medical officer for M.D.O.C. and one to Nurse Little and still to this day has not recieved a response back. "Why?"

"Conclusion"

P.I. > In conclusion, Petitioner, is not satisfied with nurse Little's response for the above stated reasons and for the fact that E.M.C.F. pulled all his top teeth and told him that he would be fitted for a top denture plate since 2010 and is still dealing with bruising of the mouth and the lies from the medical staff.

P.II. > Furthermore, Petitioner, stands by his original requested relief. <will send a copy of everything dealing with this issue.>

Respectfully Submitted By;

Calvin P. Use' Sr. M.D.O.C. #110652

E.M.C.F. 4-B-205

Petitioner's Signature, Calvin P. Use' Sr. 110652

Date Mailed, February 12th 2014.

Inmate's - COPY

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

EMCF 14-300
Second Step Response Form

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

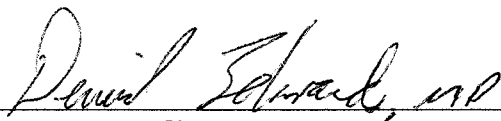
Inmate's Name & #: Calvin Use' #110652

Location: **EMCF**

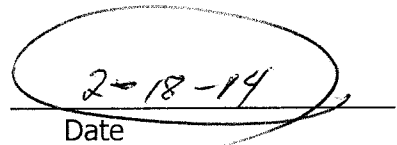
From: **Dr. D. Edwards**

Title: **Facility Physician**

^{Issue}
This appears to have been addressed appropriately in the
First Step Response. No further action indicated at this time.



Signature

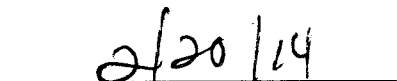


Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.



Inmate's Signature DOC # Date



East Mississippi Correctional Facility

Management
& Training
Corporation

Inmate Request Form

Inmate Name: Calvin P. Use' Sr. MDOC #: 110652Housing Assignment: 4-A-210-L / one and one copy made
Date: September First 2013 ^{Date mailed}Date:
wrote

☐ Warden
☐ Warden of Security
☐ Major
☐ Captain
☐ Chaplain
☐ Medical

☐ Education
☐ Telephone
☐ Grievance
☐ ID Badges
☐ Library
☐ Gym

☐ Unit Manager
☐ Psychologist
☐ Mental Health Counselor
☐ Case Manager
☐ Programs Director

Inmate Request:

Nurse Little, Pur your answer from my first
 step response I waited to see the Dentist; and Por
 Dr. Falks answer to the second step response, I
 waited and even submitted a Medical Request form
 to see the Dentist, and on or around the 17th and
 18th of August 2013 I saw Dr. Rimbrant your Dentist.
 He told me that he didnot here anything about me
 and Dentures, and wasn't giving me any. The
 top of my mouth Hurts and at times bleeds from
 me trying to eat everything on my tray. Please help
 ME RESOLVE this issue. Please Respond within 10 working

Official Use Only:

Departmental Signature

 C:\Users\terrance.kelley\AppData\Local\Microsoft\Windows\Temporary Internet
 Files\Content.Outlook\48P6RY10\Inmate Request Form--MTC.doc

Revision No:

4

Issue Date:

8/2012

East Mississippi Correctional Facility

Management
& Training
Corporation

Inmate Request Form

Inmate Name: Calvin P. Use Sr. MDOC #: 110652Housing Assignment: 4-A-210-T / one and one copy madeDate: September First 2013
wrote

☐ Warden
☐ Warden of Security
☐ Major
☐ Captain
☐ Chaplain
☐ Medical

☐ Education
☐ Telephone
☒ Grievance
☐ ID Badges
☐ Library
☐ Gym

☐ Unit Manager
☐ Psychologist
☐ Mental Health Counselor
☐ Case Manager
☐ Programs Director

Inmate Request:

M.D.O.C.
 Mrs. Gloria Perry M.D. Chief Medical Officer

With this request I'm enclosing a true copy of A.R.P #
 -E.M.C.F. 13-784 Dealing with a top Denture Plate. I
 have been trying to get said denture plate since
 12-2010 and since 7-2012 when M.T.C. ie Health
 Assurance took over the medical services here
 at E.M.C.F. I went to see Dr. Rimbrant on or around
 the 17th or 18th of August 2013 and was still told
 that Health Assurance doesn't give dentures.

Official Use Only:

Departmental Signature

C:\Users\terrance.kelley\AppData\Local\Microsoft\Windows\Temporary Internet
 Files\Content.Outlook\48P6RY10\Inmate Request Form—MTC.doc

Revision No: 4 Issue Date: 8/2012

East Mississippi Correctional Facility

Management
& Training
Corporation

Inmate Request Form

Inmate Name: Calvin P. Use Sr. MDOC #: 110652Housing Assignment: 4-A 213-L / one and one copy madeDate: May 30 2013

☐ Warden
☐ Warden of Security
☐ Major
☐ Captain
☐ Chaplain
☐ Medical

☐ Education
☐ Telephone
☒ Grievance
☐ ID Badges
☐ Library
☐ Gym

☐ Unit Manager
☐ Psychologist
☐ Mental Health Counselor
☐ Case Manager
☐ Programs Director

Inmate Request: Mrs. Graham; It has been over 45 days
SENCE I dropped the A.R.P. about the diet trays and
snack bags. Now why haven't I heard anything about
the A.R.P. dealing with dentures.
Now, If I do not get a response by June 15
2013, I will file my 1983 Complaint.

Official Use Only:

please process

Departmental Signature

C:\Users\terrance.kelley\AppData\Local\Microsoft\Windows\Temporary Internet
Files\Content.Outlook\48P6RY10\Inmate Request Form—MTC.doc

Revision No:

4

Issue Date:

8/2012

4-A-213-L

File Copy

In the Mississippi Department of Corrections

Administrative Remedy Program

Inmate R. Lee Sr. # 110852

Petitioner

vs. A.R.F. # E.M.C.F. 13-784

Health Assurance, Inc.

Defendants

Dental Department

"Request for Administrative Remedy"

Comes now, the petitioner, R. Lee Sr. # 110852, to this Department for an Administrative Remedy, to the Administrative refusal to give petitioner top denture plates.

"Statement of Facts"

P.I > Petitioner has been at E.M.C.F. since 2005.

P.II > Between 2005 and 2012 all of petitioner's top teeth has been removed.

P.III > On or around July 22nd 2012 petitioner went to Medical about a tooth ache and the dentist that was there cleaned petitioner's bottom teeth.

P.IV > On that day petitioner asked said dentist when will they start calling inmates to do denture molds.

P.V > Petitioner was told by word of mouth that they were going to start in August 2012.

"A.R.P. # E.M.C.F-13-784."

"Statement - Part Continued"

P.VI > On November 10th 2012 petitioner went back to the dental department with a tooth ache.

P.VII > Petitioner had wrote on his sickcall request that he needed a top denture plate.

P.VIII > While at November 10th dental visit petitioner asked by word of mouth about a top denture plate.

P.IX > Petitioner was then told by that dentist that Health Assurance didnot do dentures. I the petitioner Calvin P. Use Sr. asked at least 3 to 6 times and got the same answer.

P.X > Now according to policy # 25-06-E in the Mississippi Department of Corrections, i.e. Dental Services Class IV, Subtitle Dental Protheses, paragraph 89-95 I am intitled to a top denture plate.

"Relief Requested"

P.I > That I be fitted with and given a top denture Plate with 120 days of this A.R.P.

^{IN} "Respectfully Submitted By;

Calvin P. Use SR # 110652

E.M.C.F. - 4-A-211 (11-10-12)

MISSISSIPPI DEPARTMENT OF CORRECTIONS

Administrative Remedy Program

ARP # _____ - _____ - _____

Date: _____

Received By: _____

Witness: _____

_____ Form ARP-1 — Offender's relief form

_____ Form ARP-2 — 1st step response

_____ Form ARP-3 — 2nd step response

_____ 5-Day extension

_____ Step 2 denial

_____ Rejected

_____ Other

1st page of this receipt is to be returned to the Legal Claims
Adjudicator to become part of inmate's ARP file

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MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

ARP # _____ - _____ - _____

Date: _____

Received By: _____

Witness: _____

_____ Form ARP-1 — Offender's relief form

_____ Form ARP-2 — 1st step response

_____ Form ARP-3 — 2nd step response

_____ 5-Day extension

_____ Step 2 denial

_____ Rejected

_____ Other

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MISSISSIPPI DEPARTMENT OF CORRECTIONS

Administrative Remedy Program

NUMBER

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO:

Inmate's Name and DOC#

Housing Unit

FROM:

Person to whom 1st Step is Directed

Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

Dear Sir, I am writing to you regarding my complaint. I am not satisfied with the response I received from the Legal Claims Adjudicator. I am requesting that you review my case and provide me with a final decision. I am enclosing a copy of my complaint and the response I received. I am also enclosing a copy of this form. I am requesting that you return this form to me as soon as possible. I am also requesting that you provide me with a copy of the final decision. I am requesting that you provide me with a copy of the final decision. I am requesting that you provide me with a copy of the final decision.

[Signature] *6/20/14*

Signature Date

☒ I am not satisfied with this response and wish to proceed to Step Two.

REASON:

I am not satisfied with the response I received from the Legal Claims Adjudicator. I am requesting that you review my case and provide me with a final decision. I am enclosing a copy of my complaint and the response I received. I am also enclosing a copy of this form. I am requesting that you return this form to me as soon as possible. I am also requesting that you provide me with a copy of the final decision. I am requesting that you provide me with a copy of the final decision.

☐ I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

Inmate's Signature

DOC#

Date

Inmate's - COPY

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

**EMCF 13 – 784
Second Step Response Form**

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Calvin Use' # 110652**

Location: **EMCF**

From: **Dr. C. Faulks**

Title: **Facility Physician**

*Dentures are provided according
to MDOC policies*

*Dentist will discuss with you on your
next evaluation date*

Carl H. Faulks

Signature

2/3/13

Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.

Inmate's Signature DOC # Date

ARP SCREENING FORM

MDOC # 110652 UNIT:

DATE RECEIVED: 6/4/2013

[illegible]

CODE:

SUMMARY OF COMPLAINT:

[illegible]

1. *Journal of Management Studies*, 1996, 33, 1, 1-14.

Exhibit, D.1



STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
CHRISTOPHER B. EPPS
COMMISSIONER

Superintendent
Mississippi State Penitentiary

Post Office Box 1057
Parchman, Mississippi 38738
(662)745-6611

January 3, 2013

Inmate: Phillip Calvin # 110652
EMCF

RE: Your Request For Administrative Remedy

Your most recent Request for Administrative Remedy which concerns dentures has been accepted; however, it is noted that you have a previously accepted ARP or ARP's which is /are presently under review. Your most recent request for Administrative Remedy is being set aside for handling in due course. If you wish to have your request handled now through the Administrative Remedy Program, you may withdraw (in writing) all pending ARP's.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Birdtail".

Mrs. J. Birdtail, ARP Coordinator
Administrative Remedy Program

JB: jb

Pc: File

East Mississippi Correctional Facility

Inmate Request Form

Inmate Name: Calvin Use MDOC #: 110652
 Housing Assignment: 4A 213
 Date: 6/12/13

____ Warden
 ____ Warden of Security
 ____ Major
 ____ Captain
 ____ Chaplain
 ____ Medical

____ Education
 ____ Telephone
 ____ Grievance
 ____ ID Badges
 ____ Library
 ____ Gym

____ Unit Manager
 ____ Psychologist
 ____ Mental Health Counselor
 ____ Case Manager
 ____ Programs Director

Inmate Request:

Official Use Only:

NOTICE
 Dentures ARP is w/ staff; you should
 get a response shortly.

ARP Dept
 Departmental Signature

East Mississippi Correctional Facility

Management
& Training
Corporation

Inmate Request Form

Inmate Name: Calvin P. Use Sr. MDOC #: 110652Housing Assignment: 4-A 213-L / one and one copy madeDate: May 30 2013

☐ Warden
☐ Warden of Security
☐ Major
☐ Captain
☐ Chaplain
☐ Medical

☐ Education
☐ Telephone
☒ Grievance
☐ ID Badges
☐ Library
☐ Gym

☐ Unit Manager
☐ Psychologist
☐ Mental Health Counselor
☐ Case Manager
☐ Programs Director

Inmate Request: Mrs. Graham; It has been over 45 days
since I dropped the A.R.P. about the diet trays and
snack bags. Now why haven't I heard anything about
the A.R.P. dealing with dentures.

Now, If I do not get a response by June 15
2013, I will file my 1983 Complaint.

Official Use Only:

please process

Departmental Signature

C:\Users\terrance.kelley\AppData\Local\Microsoft\Windows\Temporary Internet
 Files\Content.Outlook\48P6RY10\Inmate Request Form—MTC.doc

Revision No:

4

Issue Date:

8/2012

MISSISSIPPI DEPARTMENT OF CORRECTIONS

Administrative Remedy Program

ARP # FMCF - 13 - 784

Date: 6-24-13

Received By: C. B. W. 11065-2

Witness: _____

_____ Form ARP-1 — Offender's relief form

☒ Form ARP-2 — 1st step response

_____ Form ARP-3 — 2nd step response

_____ 5-Day extension

_____ Step 2 denial

_____ Rejected

_____ Other

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INMATE RECEIPT

MISSISSIPPI DEPARTMENT OF CORRECTIONS

Administrative Remedy Program

ARP # LMCE - 13 - 784

Date: 7/5/13

Received By: BALW. P. W. SR. 110653

Witness: B. Nardor 7/5/13 APP Clerk

☐ Form ARP-1 — Offender's relief form

☐ Form ARP-2 — 1st step response

☒ Form ARP-3 — 2nd step response

☐ 5-Day extension

☐ Step 2 denial

☐ Rejected

☐ Other

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Dental Request Form

July 19th 2012

Calvin P. Use' Sr. #110652; 4-A-211-L

To whom it may concern; "one and one copy made"
I'm writting for two (2) Reasons.

First, is the tooth on the Left back bottom Jaw
is bleeding ~~to~~ And hurting.

Second, is I need a top plate made. I've been
two (2) years with out any top teeth. Please with
these problems A.S.A.P.

Thank U for your help and time in these issues.

File Copy

INMATE RECEIPT

MISSISSIPPI DEPARTMENT OF CORRECTIONS

Administrative Remedy Program

ARP # LMCF - 13 - 784

Date: 7/5/13

Received By: Calvin P. Kiser SR. 11065

Witness: B. Naylor 7/5/13 APP Clerk

☐ Form ARP-1 — Offender's relief form

☐ Form ARP-2 — 1st step response

☒ Form ARP-3 — 2nd step response

☐ 5-Day extension

☐ Step 2 denial

☐ Rejected

☐ Other

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